

CITY OF MARIETTA

City Clerk's Office

INFORMATION REQUEST FORM

Date: _____

Time: _____AM/PM

Requestor: _____

Contact Person: _____

(If different than requestor)

Internal/External

(Please circle one)

Department/Organization _____

Address: _____

Street or P.O Box

Phone Number _____

Fax Number _____

E Mail Address _____

Record Type Requested:

Agenda ()

Minutes ()

Federal Law ()

Cemetery Info. ()

Ordinance ()

State Law ()

Certification ()

Phone List ()

Election Information ()

Municipal Code ()

Civil Service Board ()

Motion ()

Contract ()

Resolution ()

Video/Audio Cassette ()

Deed ()

Policy Question ()

Other _____

When Needed by: _____

Date

Time

ASAP

Comment/Notes: _____

Use by City Clerk's Office Only

Request Received by: _____

Completed: _____

Date

Time

Request Forwarded to: _____

Number of Pages Printed: _____

Total Time spent _____

(In Minutes)

Number of Pages Faxed: _____

Other Fees: _____

Reason for Other Fees: _____

Amount Charged: _____ CASH/CHECK # _____